



**North Carolina Department of Health and Human Services
Division of Mental Health, Developmental Disabilities and Substance Abuse Services**

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Michael F. Easley, Governor
Dempsey Benton, Secretary

Michael S. Lancaster, M.D. and
Leza Wainwright, Directors

April 3, 2008

MEMORANDUM

TO: LME Directors

FROM: Michael S. Lancaster, M.D.

RE: Care Coordination and the LME Hospital/ADATC Liaison Function

A State priority is the successful transition of consumers being discharged from state facilities into ongoing treatment in the community. A review of current performance data demonstrates that continuity of care for consumers leaving our facilities has not been consistent statewide and as effective as accepted clinical standards would require. The DHHS/LME contract for 2008 reflects our corrective view of this as a priority and indicates responsibility for care coordination for this population is with the LME (Attachment I, Section 7.2.1). Our analysis indicates that this responsibility is much more effectively fulfilled by those LMEs that assign care coordinators, or hospital liaisons, on-site at the state facilities. Therefore, effective immediately, all LMEs are required to assign care coordinators to be on site at the state facilities that serve consumers from the LMEs' catchment area. Although this requirement also applies to the Developmental Centers and Neuro-Medical Centers, the main focus of this activity must be with the high risk, high utilizers of the State Psychiatric Hospitals and Alcohol and Drug Abuse Treatment Centers (ADATCs). The number of days and hours a care coordinator must be on-site is dependent on the number of admissions and discharges for the LME. Where there is a high rate of admissions and discharges, it may be necessary to assign more than one LME care coordinator, or hospital liaison.

Performance measures for the past two years regarding individuals seen by a provider within seven days of discharge from a State Psychiatric hospital have shown a statewide average of only 31% in FY2006-2007 (4th quarter) and 35% in the 2nd quarter of FY2007-2008. While we recognize that there are variables that impact this indicator, there must be a statewide approach to increase care coordination efforts to ensure that consumers who are discharged from institutions receive timely services to prevent the likelihood of recidivism. A strategy that is being used with Cherry Hospital and one LME is the use of teleconferencing for discharge planning and other treatment consultation. This would be an approach other LMEs could consider to facilitate care coordination where telemedicine capabilities exist.

Please contact Dick Oliver at (919) 715-1294 or Dick.Oliver@ncmail.net for questions regarding the DHHS/LME contract. If you have questions regarding logistics for care coordinators on-site at state facilities, please contact Lena Klumper at Lena.Klumper@ncmail.net or (919) 855-4700 for hospitals and Jenny Wood at Jenny.Wood@ncmail.net or (919) 855-4700 for ADATCs.

ML/lk

cc: Secretary Dempsey Benton
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